Labor Organization Officer and Employee Report

U.S. Department of ∟abor

Office of Labor-Management Standards



Form I M-30 (Rev. 1986)

1. Name and address of parent filling	O Nome and address of the	or organization		
Name and address of person filing		Name and address of labor organization		
Morton Bahr	Communications Worl	kers of America	AFL-CIO Building	
501 3rd Street, N.W.		1		
Washington, D,C. 20001	washington, D,C. 20	Washington, D,C. 20001		
,			Washington, D.C. 20006	
President, V. P., Executive Council Member	December 31, 2000	December 31, 2000 4-10 25		
Enter appropriate data below if, during the past fiscal year, you terests (except as specified in the exclusions set forth in the in		ectly or indirectly	had any of the following in-	
 Held an interest in, engaged in transactions (including loans employer whose employees your organization represents 		economic benefit	t of monetary value from an	
6. Name of Employer	Address of Employer			
7. Nature of Interest, Transaction or Income				
A.				
 B. Held an interest in or derived income or economic benefit with from, selling or leasing to, or otherwise dealing with the busine seeking to represent, or (2) any part of which consists of buying organization or with a trust in which your labor organization is in 8. Name of business 	ess of an employer whose employees g from or selling or leasing directly or i	your labor organiz	ation represents or is actively	
ULLICO Inc. and The Union Labor Life Insurance Con		N.W. Washingt	on D.C. 20001	
OLLICO Inc. and The Othon Labor Life insurance Con	npany, 111 Massachuseus Avenue,	in.w., washingt	on, D.C. 20001	
9. Business deals with—	10. If 9B or 9C is checked gi	10. If 9B or 9C is checked give trust or employer's name		
☐ A. Labor Organization ☐ B. Trust ☐ C. Empl	loyer			
11. Nature and approximate dollar value of such dealings				
Affiliated Unions and Funds, in which the CWA has an intere- insured under group policies issued to the AFL-CIO by Union I of the AFL-CIO. The International Union has a pension plan co	Labor Life for which \$3,014,548.60 in p	premiums was paid	for coverage of all eligible employ	
12. Nature of interest held or income received				
Director's Fees and Fees for attending Directors Meetin ULLICO Inc. Class A Stock - 300 shares	ngs - \$7,000			
		C teams		
			F G F V E	
 Received from any employer (other than an employer covered any payment of money or other thing of value 	ed under parts A and B above) or fro	m any labor relation	ons consultant to an employer	
13. Name and address of employer or consultant	14. Nature of payment	11/4	MAR 3 0 ZUUI	
			The second secon	
	2, 2		USDOL/ESA	
			OLMS/DOE/SRD	
			121	
IF MORE SPACE IS NEI	EDED ATTACH ADDITIONAL SHE	ETS		
 Signature and verification—The undersigned declares, under the attachments incorporated therein or referred to in this rep- correct and complete. 	ort, has been examined by him and			
Signed: Morton Bahn at City	es high	DC	3/16/01	
Signed: at tity		State	Date	